



2301 Argonne Drive, Baltimore, MD 21218 • Phone: 410-243-7495 • Fax: 410-467-3873

Project Release Agreement:

The Volunteers for Medical Engineering
2301 Argonne Drive
Baltimore, MD 21218
and

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Work Phone: _____

I acknowledge that VME has developed and/or installed the equipment listed below.

The equipment is for my personal use or for the personal use of _____ who is in my care. VME has provided services to me at a charge of \$_____ and I understand that approximately \$_____ of materials were provided by VME. I have participated in the development, testing and/or evaluation of the equipment. I acknowledge receipt of the equipment in "as is" condition. VME has made no representation about its condition or appropriateness of use. Any commercial devices are subject to manufacturer warranty provisions.

I hereby waive, release and save harmless the Volunteers for Medical Engineering from any or all liability that may arise as a result of my possession, custody or use of the equipment.

VME may use my name and my photographs to promote its charitable purposes.

Signed: (client or caregiver)	Date
VME Volunteer	Date
Coop-agency representative (if applicable)	Date
VME Medical or Engineering Advisor (if applicable)	Date